**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Arizona Democratic Party 2910 N Central Ave ADDRESS (number and street) (Check if address is changed) Phoenix 85012 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Darryl@CommonCentsConsulting.net (Check if address is changed) Optional Second E-Mail Address Rich@CommonCentsConsulting.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.AZDem.org (Check if address is changed) DATE 2020 C00166710 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. McGuire, Rick, , , Type or Print Name of Treasurer McGuire, Rick, , , [Electronically Filed] 05 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE late Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	7	State AZ District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:  (National, State	(Democratic
(d)	This committee is a STA or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
(	Committees Participating in Joint Fundraiser	
1	L L L L L L L L L L L L L L L L L L L	
2		
3	.	
4	.	

FEC <b>Form 1</b> (Revised	년 02/2009)	Page <b>3</b>
Write or Type Committee Nar	пе	
Arizona Demo	cratic Party	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
DNC Services Corpo	ration / Democratic National Committee	
Mailing Address	Victory Fund	
Mailing Address	430 S Capitol Street, SE	<del></del>
	Washington	20003
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee X Joint Fundraising Represent	tative Leadership PAC Sponsor
. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the p	person in possession of committee
	Darryl, R, ,	,
Full Name	2910 North Central Ave.	
Mailing Address		
	Phoenix	,85012
Title or Position	CITY STATE	ZIP CODE
Consultant		602
3. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	e; and the name and address of
Full Name McGuire, of Treasurer	, Rick, , ,	
Mailing Address	2910 North Central Ave.	
	Phoenix	85012
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	602 298 4200

FEC Form 1 (F	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent Ken	nnedy, Judy, , ,	
Mailing Address	2910 North Central Ave.	
	Phoenix AZ CITY STATE	85012 ZIP CODE
Title or Position Assistant Treasurer		602 - 298 - 4200
	ositories: List all banks or other depositories in which the committee deposit	es funds, holds accounts, rents
safety deposit boxes of	or maintains funds.	
safety deposit boxes of Name of Bank, Depos		
Name of Bank, Depos		
Name of Bank, Depos	sitory, etc.	
Name of Bank, Depos	ells Fargo, NA	
Name of Bank, Depos	ells Fargo, NA	94163
Name of Bank, Depos	ells Fargo, NA PO Box 63020	94163 ZIP CODE
Name of Bank, Depos	PO Box 63020 San Francisco CITY STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	PO Box 63020 San Francisco CITY STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	PO Box 63020  San Francisco  CITY  STATE  Sitory, etc.	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	PO Box 63020 San Francisco CITY STATE sitory, etc.	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	PO Box 63020 San Francisco CITY STATE sitory, etc.	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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g) or (h).	nt Fundraising	Participant:				
1					FEC ID number	С
2.					FEC ID number	С
3.					FEC ID number	С
4.					FEC ID number	C
		rganization, Affili DOTS Victory F		oint Fundrais	ing Representativ	ve, or Leadership PAC Sponso
Mailing	Address	430 South Capito	I Street SE			
		Washington			, DC	20003
Relation	nship:		CITY ▲		STATE A	ZIP CODE 🛦
	Connected (	Organization	Affiliated Committee	<b>X</b> Joint Fu	ndraising Represen	tative Leadership PAC Spor
Designated A	Agent: Identify b	y name, address	(phone number – o	ptional)		
Designated A		y name, address	(phone number – o	ptional)		
	e	y name, address	(phone number – o	ptional)		
Full Name	e	oy name, address	(phone number – o	ptional)		
Full Name	e		(phone number – o			
Full Name	e				STATE A	ZIP CODE A
Full Name	e					
Full Name  Mailing Ad  TITLE O  Banks or Oth safety deposit  Name of Bank Depository, et	ddress  R POSITION  her Depositorie t boxes or main k, OneAZ (	es: List all banks of tains funds.  Credit Union	CITY A  or other depositories	Telep	STATE A	ZIP CODE   its funds, holds accounts, rents
Full Name Mailing Ad  TITLE O  Banks or Oth safety deposit Name of Bank Depository, et	ddress  R POSITION  her Depositorie t boxes or main k, OneAZ (	es: List all banks dains funds.  Credit Union	CITY A  or other depositories	Telep	STATE ▲	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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1		FEC ID number	C
2.			
		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	910 17TH STREET, NW		
	SUITE 925		
	WARLINGTON	l DC l	20006
	WASHINGTON		
	CITY A	STATE ▲ t Fundraising Representa	ZIP CODE A
esignated Agent: Identif	CITY ▲ d Organization Affiliated Committee   ✓ Join		
Connecter Connec	CITY ▲ d Organization Affiliated Committee   ✓ Join		
resignated Agent: Identify  Full Name  Mailing Address	CITY A  d Organization Affiliated Committee   y by name, address (phone number – optional)  CITY A	t Fundraising Representa	Leadership PAC Spo
Connected Pesignated Agent: Identify Full Name	CITY A d Organization Affiliated Committee   y by name, address (phone number – optional)  CITY A		

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
	MARK KELLY VIC	CTORY FUND		
	Mailing Address	3104 E CAMELBACK RD		
		#924		
		PHOENIX	AZ	85016
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY   CITY   Teles: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE ▲
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY   CITY   Tes: List all banks or other depositories in which intains funds.  Camated Bank	STATE A	ZIP CODE ▲
	Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	CITY   CITY   Teles: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE ▲
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Tes: List all banks or other depositories in which intains funds.  Camated Bank	STATE A	ZIP CODE ▲
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Tes: List all banks or other depositories in which intains funds.  Camated Bank	STATE A	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
HIRAL VICTORY	' FUND 		
Mailing Address	PO BOX 86494		
, and the second			
	PHOENIX	AZ	85080
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
Connecte	Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
Connecte		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)  CITY		
Esignated Agent: Identification of Sanks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the session of t	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

5(g) or (h).	Joint Fundraising	Participant:					
1.			FEC	ID number	С		
2			FEC	ID number	С		
3. L			FEC	ID number	С		
4			FEC	ID number	С		
		Organization, Affiliated Committee, Jo	int Fundraising Re	epresentativ	e, or Leaders	ship PAC Spo	nsor
Ma	ailing Address	2910 E GARY WAY					
		PHOENIX		AZ	85042	-	1 1
Re	elationship:	CITY ▲		STATE ▲		ZIP CODE ▲	
8. <b>Designa</b>		Organization Affiliated Committee  by name, address (phone number – op	▼ Joint Fundraisi	<u> </u>		adership PAC	
Full	Name						
Mail	ing Address						
TIT	LE OR POSITION •	CITY A		STATE ▲	Z	P CODE ▲	
			Telephone I	Number			
safety do	eposit boxes or mair	es: List all banks or other depositories ntains funds.	in which the comm	nittee deposit	s funds, hold	s accounts, re	nts
	9						

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
BATTLEGROUN			
<u> </u>			
	ı PO BOX 9		
Mailing Address			
	LEXINGTON	L KY	40588
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Affiliated Committee  Affiliated Committee  Fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representation	Leadership PAC S
esignated Agent: Identi		t Fundraising Representation	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spor
BIDEN VICTORY	FUND		
Mailing Adding	430 SOUTH CAPITOL STREET SE		
Mailing Address			
	WASHINGTON	DC.	20003
B 1 11 11	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	l Organization Affiliated Committee	int Fundraising Represent	ativo Londorohia DAC C
esignated Agent: Identify		int rundraising riopresent	ative Leadership PAC S
Full Name	by name, address (phone number – optional)		Leadership FAC 3
			Leadership FAC 3
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)	STATE A	
Full Name	by name, address (phone number – optional)		
Full Name Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or main arme of Bank,	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor aftery deposit boxes or main ame of Bank,	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor of the deposit boxes or main arms of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposit boxes or material depository, etc.	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A